## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000002083

Entity Name: AXIOM INFORMATION TECHNOLOGY CORPORATION

FILED Aug 30, 2007 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
3565 PIEDMONT RD, TWO PIEDMONT CTR SUITE 100 ATLANTA, GA 30305					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
3565 PIEDMONT RD, TWO PIEDMONT CTR SUITE 100 ATLANTA, GA 30305					
FEI Number:	54-1474104	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCD () E TAYLOR, ROBER 3565 PIEDMONT ATLANTA, GA 30	RD., STE 100	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD () E TAYLOR, VICKI L 3565 PIEDMONT ATLANTA, GA 30	RD., STE 100	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ALCORN, DOUGI	EST OFFICE PARK DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E DURRETTE, WY/ 600 E MAIN ST 2 RICHMOND, VA	OTH FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E HAAG, JOHN B 60 DOGLEG RD LAKE MONTICEL	Delete LLO, VA 22963	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKI L TAYLOR VP 08/30/2007